

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

07535041

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	X	X				
14	X	X				
15	X	X				
16	X	X				
17	X	X				
18	X	X				
19		1				
20	X	X				
21	X	X				
22		1				
23		1				
24		1				
25	X	X				
26	X	X				
27	X	X				
28	X	X				
29	X	X				
30	X	X				
31	X	X				
32		0				
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49						
50						
TOTAL IND.	1	↓		↓		↓
TOTAL DEP.	16	←		←		←
TOTAL CLAIMS	17					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						